# United States District Court

| Rev. F-4an "Sasha" Gallaghy  (In the space above enter the full name(s) of the plaintiff(s).)  -against-  DEA; Uttam Dhillon-Admin  FDA; Pr. Scott Gottlieb-Admin  Ole Miss;  US Attorney General  (In the space above enter the full name(s) of the defendant(s).  If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space | Chek here to enter text.    |                              |
|--|-----------------------------|------------------------------|
| The space above enter the full name(s) of the defendant(s).  If you cannot fit the names of all of the defendants in the  (To be filled out by Clerk's Office only)  COMPLAINT  COMPLAINT  Jury Demand?  In the space above enter the full name(s) of the defendant(s).  If you cannot fit the names of all of the defendants in the   |                             |                              |
| DEA j Uttam Dhillon-Admin  FDA j Dr. Scott Gottlieb-Admin  Ole Miss;  US Attorney General  (In the space above enter the full name(s) of the defendant(s).  If you cannot fit the names of all of the defendants in the  | -against-                   | (To be filled out by Clerk's |
| FDA; Dr. Scott Gottlieb-Admin  Ole Miss;  Us Attorney General  (In the space above enter the full name(s) of the defendant(s).  If you cannot fit the names of all of the defendants in the  | DEA i Uttam Dhillon - Admin | Office only)                 |
| US Attorney Greneral  (In the space above enter the full name(s) of the defendant(s).  If you cannot fit the names of all of the defendants in the   |                             | COMPLAINT                    |
| US Attorney General □ No  (In the space above enter the full name(s) of the defendant(s).  If you cannot fit the names of all of the defendants in the   |                             | Jury Demand?                 |
| (In the space above enter the full name(s) of the defendant(s).  If you cannot fit the names of all of the defendants in the   |                             |                              |
| If you cannot fit the names of all of the defendants in the  |                             | _                            |
|  |                             | 19 retain kight              |
| space provided, piedse write - see attached - in the space   |                             |                              |
| • • •  |                             |                              |
| above and attach an additional sheet of paper with the full list   | • • •                       |                              |
| of names. The names listed in the above caption must be identical to those contained in Section I. Do not include  | •                           |                              |

# **NOTICE**

addresses here.)

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

If this is an employment discrimination claim or social security claim, please use a different form.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

# I. PARTIES IN THIS COMPLAINT

#### **Plaintiff**

List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

| Plaintiff: | there.                | Gallagher,    | Ryan A | •                  |                           |
|------------|-----------------------|---------------|--------|--------------------|---------------------------|
|            | Name (Last            | t, First, MI) |        |                    |                           |
|            | 1723                  | Candlegle     | iω_    |                    |                           |
|            | Street Addı           | ress V        |        |                    |                           |
|            | Custle<br>County, Cit | Rock          | Co     |                    | 80103                     |
|            | County, Cit           | ly .          | State  |                    | Zip Code                  |
|            | 720 36                | 9 8172        | r      | rahatmaja          | pa@grail.com<br>Vailable) |
|            | Telephone             | Number        | E-m    | nail Address (If a | vailable)                 |
|            |                       |               |        |                    |                           |

# Defendant(s)

List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

| Defendant 1: | Ole Miss           |               |          |  |
|--------------|--------------------|---------------|----------|--|
|              | Name (Last, First) | _             |          |  |
|              | PO BOX 1649        | &<br>         |          |  |
|              | Street Address     |               |          |  |
|              | University         | MS            | 38677    |  |
|              | County, City       | State         | Zip Code |  |
| Defendant 2: | DEA; Uttam         | Dhillon-Admin |          |  |
|              | Name (Last, First) |               |          |  |
|              | 75 Morrissette Dr. |               |          |  |
|              | Street Address     |               |          |  |
|              | Springfield        | VA            | 22152    |  |
|              | County, City       | State         | Zip Code |  |
|              |                    |               |          |  |

| Defendant(s) Continued  |                                  |                        |            |  |  |
|---|----------------------------------|------------------------|------------|--|--|
| Defendant 3:  | FDA; Dr. Scott Gofflieb          |                        |            |  |  |
|   | Name (Last, First)               |                        |            |  |  |
|   | 10903 New Ha                     | impshire Ave           |            |  |  |
|   | Street Address                   | ,                      | <b>A A</b> |  |  |
|   | Silver Spring County, City       | MD                     | 20993      |  |  |
|   | County, City                     | State                  | Zip Code   |  |  |
|   |                                  |                        |            |  |  |
| Defendant 4:  | US AG                            |                        |            |  |  |
|   | Name (Last, First)               |                        |            |  |  |
|   | 950 Pennsylvania                 | a Ave, NW              |            |  |  |
|   | Street Address                   |                        |            |  |  |
|   | Washington County, City          | DC                     | 20530      |  |  |
|   | County, City                     | State                  | Zip Code   |  |  |
| II. BASIS FOR JURISDICTION  |                                  |                        |            |  |  |
| Check the option  | that best describes the basis fo | or jurisdiction in you | r case:    |  |  |
| U.S. Government Defendant: United States or a federal official or agency is a defendant.  |                                  |                        |            |  |  |
| Diversity of Citizenship: A matter between individual or corporate citizens of different states and the amount in controversy exceeds \$75,000. |                                  |                        |            |  |  |
| Federal Question: Claim arises under the Constitution, laws, or treaties of the United States.  |                                  |                        |            |  |  |
| If you chose "Federal Question", state which of your federal constitutional or federal statutory rights have been violated.                     |                                  |                        |            |  |  |
| Sherman Act 15USC &1  |                                  |                        |            |  |  |
| Sherman Act 15 USC &1<br>42 USC Chapters 21B and 21C  |                                  |                        |            |  |  |
|   |                                  |                        |            |  |  |
|   |                                  |                        |            |  |  |

# III. VENUE

This court can hear cases arising out of Click here to enter text.

Under 28 U.S.C § 1391, this is the right court to file your lawsuit if: (1) All defendants live in this state AND at least one of the defendants lives in this district; OR (2) A substantial part of the events you are suing about happened in this district; OR (3) A substantial part of the property that you are suing about is located in this district; OR (4) You are suing the U.S. government or a federal agency or official in their official capacities and you live in this district. Explain why this district court is the proper location to file your lawsuit.

Venue is appropriate in this Court because: Ole Miss is central to the case IV. STATEMENT OF CLAIM Place(s) of occurrence: State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions. **FACTS:** What happened to you? Then became a See, www. Pharmacy. Olemiss. edu/marijuana/nida - Contrac by being given an FDA NIDA contract, awarded to no one

|               | DIVIAP Pro Se: General Complaint   |            |
|---------------|--|------------|
|               | In July 2016, they ended the monopoly and  | _          |
|               | exerted a Trust. I filed an Administrative Claim   | •          |
|               | in October 2016  |            |
|               | 81 CFR 53846   | -          |
|               | 81011 33210  | -          |
|               | In October 2017 I contacted DEA ODLP and they  | -          |
|               | gave me their Religious Exemption process.   | -          |
|               | Comme their pengins exemption process.   |            |
|               | See, www. DEAdiversion.us DoJ.gov/Pubs/RFRA_Exempt   | 522618.pdf |
|               | My brother died in Colorado in 2013 and doctors said   | -<br>-     |
|               | he could have been saved by Camabinoids, but they  | _          |
|               | were afraid of Federal Law.  | _          |
|               | So the Monopoly killed my brother, the Monopoly  |            |
|               | became a Trust 3 years leter in 2016.  | -          |
|               |  | •          |
|               | The DEA processis so slow that it caused me to be  | -          |
|               | evicted almost, but I chose to leave before eviction, I  | _          |
|               | became homeless 2x while waiting and have  | _          |
| Was<br>anyone | been unable to earn a living due to the CSA.   |            |
| else          | Murdock v. Pennsylvania, 319 US 105 (1943);  | •          |
| involved?     | Perkel v. DOJ, 08-74457 (9th Cir 2009)   | •          |
|               |  | -          |
|               | The f also never responded to my Administrative claim, so it has been nearly 2 years. I also contacted the FDA (ast month, and they said they don't do feligion. |            |
|               | claim, so it has been nearly 2 years. I also   |            |
|               | contacted the FDA (ast month, and thry said  | •          |
|               | their don't do Resign  | •          |
|               | Ganzales V. O Centro, 546 US 418 (2006)  | •          |
|               | DOVICE OF COURTED  | •          |
|               | FDA has Federal Marijuana Patrents,  | _          |
|               | See Irvan Rosenfeld  | _          |
|               |  |            |

|         | I have been going through this process since  |
|---------|---|
|         | October 2017 with massive delays, people at the   |
|         | There been going through this process since<br>October 2017, with massive delays, people at the<br>DEA refiring, and all kinds of other issues. |
|         |   |
|         | I ama Hindu Shaivite, we use Marijuana,   |
|         | particularly priests in vituals. I am a   |
|         | particularly priests, in vituals. I am a<br>Refugee from Texas, living in Colorado.   |
|         |   |
|         | upon Discovery of DEA records, any questions about my Religion will be answered.  |
|         | about my Religion will be answered.   |
|         |   |
|         | See, Gullagher v. US, 13 cv 2153 (DC 2018)  |
|         | See, Gallagher v. US, 13 cv 2153 (D C 2018)  Gallagher v. FDA, 18 cv 2154 (DC 2018)   |
|         |   |
|         |   |
|         | ·   |
| Who did |   |
| what?   |   |
|         |   |
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|         | <u> </u>  |
|         |   |
|         |   |

| V.           | INJURIES   |
|--------------|--|
| If yo        | ou sustained injuries related to the events alleged above, describe them here. |
|              | Eviction   |
|              | Homelessness   |
|              | no income for 1 year   |
|              | no income for 1 year Barred from practizing Religion                           |
|              |  |
|              |  |
|              |  |
|              |  |
|              | · · · · · · · · · · · · · · · · · · ·  |
|              |  |
| VI.          | RELIEF   |
| The          | relief I want the court to order is:   |
| $\mathbf{Z}$ | Money damages in the amount of: \$ 1,000,000.00                                |
| ₫            | Other (explain):   |
|              | Declaratory & injunctive   |
|              |  |
|              | Cantwell v. Connecticut, 310 US 296 (1940)                                     |
|              | Dent v. West Virginia, 129 US 114 (1889)                                       |
|              | Characa Act  |
|              | There were news papers publish   |
|              | Sherman Act, have news papers publish the end of the Monopoly/Trust            |
|              | <u> </u>   |
|              |  |
|              |  |

# VII. CLOSING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| 9/24/2018                    |                | Co                |                |
|------------------------------|----------------|-------------------|----------------|
| Dated                        | Plaintiff's    | Signature         |                |
| Printed Name (Last/First, N  | , Ryan A.      |                   |                |
| Printed Name (Last) First, N | íi)            |                   |                |
| 1723 Condleg                 | low CastleRock | Co                | 80108          |
| Address                      | City           | State             | Zip Code       |
| 720 369 8172                 | mah            | utua jap          | a Dyma, ly com |
| Telephone Number             | E-mail Ad      | dress (if availat | ole)           |

List the same information for any additional plaintiffs named. Attach additional sheets of paper as necessary.

